

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 194930	RECEIPT DATE:	12 / 04 / 98
IA NUMBER:	PCT/ CA97 / 00388	IA FILING DATE:	06 / 05 / 97
FAMILY NAME:	THOMAS	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	ALEX W	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	06 / 06 / 96
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	3477-124	COUNTRY:	CAX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	7043316000
		FAX	7043342014

NAME: ALSTON & BIRD

STREET: POST OFFICE DRAWER 34009

CITY: CHARLOTTE

STATE/COUNTRY: NC ZIP: 28234

EMAIL:

APPLICATION TITLES:

ELECTROTHERAPY DEVICE USING LOW FREQUENCY MAGNETIC PULSES

TAB TO LAST POSITION,PUSH SEND